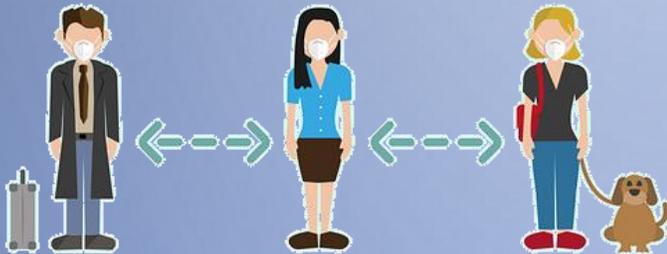


# Safety Plan

## for COVID-19



## COVID-19 Preparedness Plan for Micronesia Assistance Inc.

Micronesia Assistance Inc. (MAI) is committed to providing a safe and healthy workplace for all our workers and customers, clients, patrons, guests and visitors. To ensure we have a safe and healthy workplace, MAI has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Preparedness Plan is administered by Nobuyo Certeza, who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. MAI's managers and supervisors have our full support in enforcing the provisions of this plan.

Our workers are our most important assets. MAI is serious about safety and health and protecting our workers. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan.

MAI's COVID-19 Preparedness Plan follows the industry guidance developed by the is based on Centers for Disease Control and Prevention (CDC) and DPHSS guidelines for COVID-19.

- ⌚ ensuring sick workers stay home and prompt identification and isolation of sick persons.
- ⌚ social distancing – workers must be at least six-feet apart.
- ⌚ worker hygiene and source controls, including face coverings.
- ⌚ workplace building and ventilation protocol.
- ⌚ workplace cleaning and disinfection protocol.
- ⌚ communications and training practices and protocol.

MAI has reviewed and incorporated the industry guidance applicable to our business provided by Government of Guam and CDC, DPHSS for the development of this plan, including the following industry guidance. Other conditions and circumstances included in the industry guidance and addressed in the plan that are specific to our business include:

- ⌚ additional protections and protocols for customers, clients, guests and visitors.
- ⌚ additional protections and protocols for face coverings and personal protective equipment (PPE).
- ⌚ additional protections and protocol for access and assignment.
- ⌚ additional protections and protocol for sanitation and hygiene.
- ⌚ additional protections and protocols for work clothes and handwashing.
- ⌚ additional protections and protocol for distancing and barriers.
- ⌚ additional protections and protocols for managing occupancy.
- ⌚ additional protocols to limit face-to-face interaction.
- ⌚ additional protections for receiving or exchanging payment; and
- ⌚ additional protections and protocols for certain types of businesses within an industry.

**Ensure sick workers stay home and prompt identification and isolation of sick persons.**

Workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms.

MAI has implemented and follow FMLA leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. [the Family Medical Leave Act (FMLA)] Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions have been implemented.

MAI has also implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time.

## **Social distancing – Workers must be at least six-feet apart.**

Social distancing of at least six feet will be implemented and maintained between workers and customers, clients, patrons, guests and visitors in the workplace through the following engineering and administrative controls: Office desk-maintained distance within the industry guidance that is applicable to the business and protections and protocols that include teleworking. Customer must make appointment before coming into the office for service. Workers are mostly teleworking unless emergency service need it.

## **Worker hygiene and source controls**

Basic infection prevention measures are being always implemented at our workplaces. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the restroom. All customers, clients, patrons, guests and visitors to the workplace are required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-sanitizer dispensers (that use sanitizers of greater than 70% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, if hands are not visibly soiled. Source controls are being implemented at our workplaces at all times. Face mask must be worn at all the time.

Workers and customers, clients, patrons, guests and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing, and to avoid touching their face, particularly their mouth, nose and eyes, with their hands. Workers and customers, clients, patrons, guests and visitors are expected to dispose of tissues in provided trash receptacles and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and other persons entering the workplace.

## **Workplace building and ventilation protocol.**

Operation of the building in which the workplace is located, includes necessary sanitation, assessment and maintenance of building systems, including water, plumbing, electrical, and air conditioning systems.

The maximum amount of fresh air is being brought into the workplace, air recirculation is being limited, and ventilation systems are being properly used and maintained. Steps are also being taken to minimize air flow blowing across people.

## Workplace cleaning and disinfection protocol

Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, vehicles and areas in the work environment. Frequent cleaning and disinfecting are being conducted of high-touch areas, including phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, credit card readers, delivery equipment, etc.

Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product.

## Communications and training practices and protocol

This COVID-19 Preparedness Plan was communicated to all workers and necessary training was provided.

Additional communication and training will be ongoing by weekly. Training will be provided to all workers who did not receive the initial training and prior to initial assignment or reassignment.

Instructions will be communicated to all workers, including employees, temporary workers, staffing and labor-pools, independent contractors, subcontractors, vendors and outside technicians and customers, clients, patrons, guests and visitors about protections and protocols, including: 1) social distancing protocols and practices; 2) practices for hygiene and respiratory etiquette; 3) requirements regarding the use of face-coverings and/or face-shields by workers and customers, clients, patrons, guests and visitors. All workers and customers, clients, patrons, guests and visitors will also be advised not to enter the workplace if they are experiencing symptoms or have contracted COVID-19.

Managers and supervisors are expected to monitor how effective the program has been implemented. All management and workers are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices and training, as necessary. This COVID-19 Preparedness Plan has been certified by MAI management and the plan was posted throughout the workplace and made readily available to employees. It will be updated as necessary by management.

Certified by: Nobuyo Certeza



President of Micronesia Assistance Inc.



HEALTH  
**EMERGENCIES**  
programme

## Record of Achievement

### COVID-19 and work:

Staying healthy and safe at work during the COVID-19 pandemic

# Nobuyo Certeza

March 24, 2021



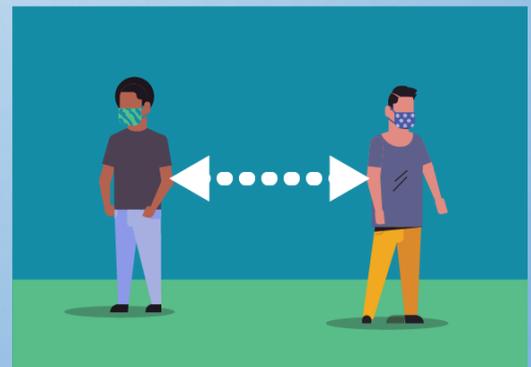
# Employer and worker responsibilities

Employers and workers have responsibilities under the OSH act.

- The occupational safety and health act requires that employers to provide a safe and healthy workplace free of recognized hazards and follow osha standards.
- Workers should participate in the development and implementation of the employer's safety and health policies and help ensure that they are appropriate and implemented.

# What can individuals do?

Be	Be informed and prepared.
Wear	Wear a mask.
Maintain	Maintain social distancing (6 feet).
Wash	Wash your hands frequently.
Use	Use alcohol-based hand sanitizer.
Avoid	Avoid touching your eyes, nose, and mouth.
Stay	Stay home when you are sick.
Cough or sneeze	Cough or sneeze into a tissue or your elbow.
Clean and disinfect	Clean and disinfect frequently touched objects and surfaces such as cell phones.



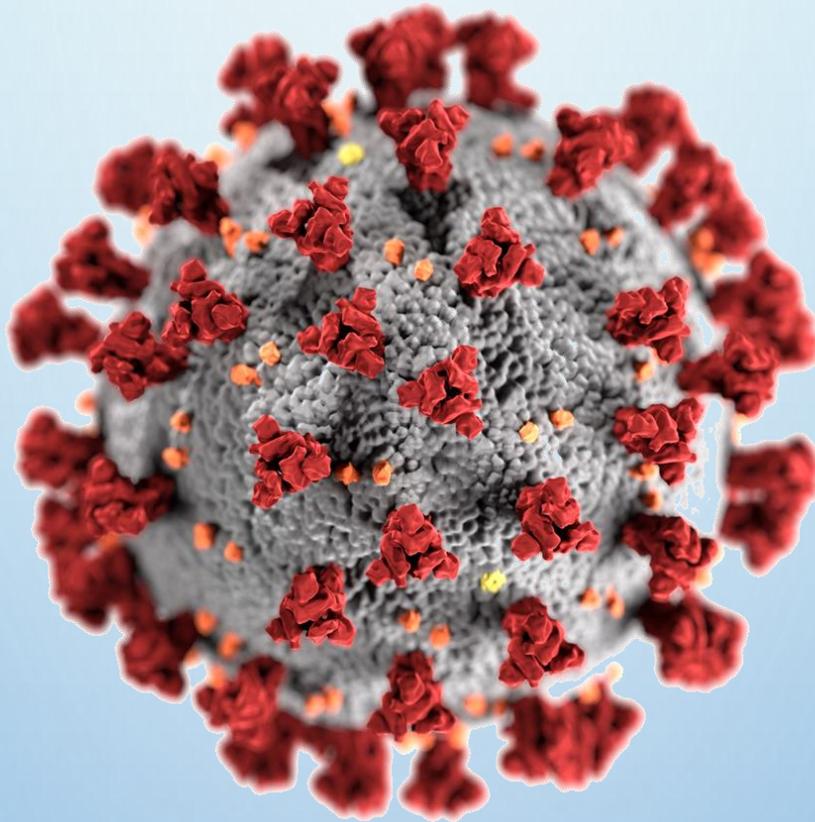
# Five steps to proper handwashing

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “happy birthday” song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

## Precautionary principle

When it comes to worker safety, we should be driven by the **‘precautionary principle’** that reasonable steps to reduce risk should not await scientific certainty about the nature of the hazard or risk.

# Module 1: COVID-19 basics

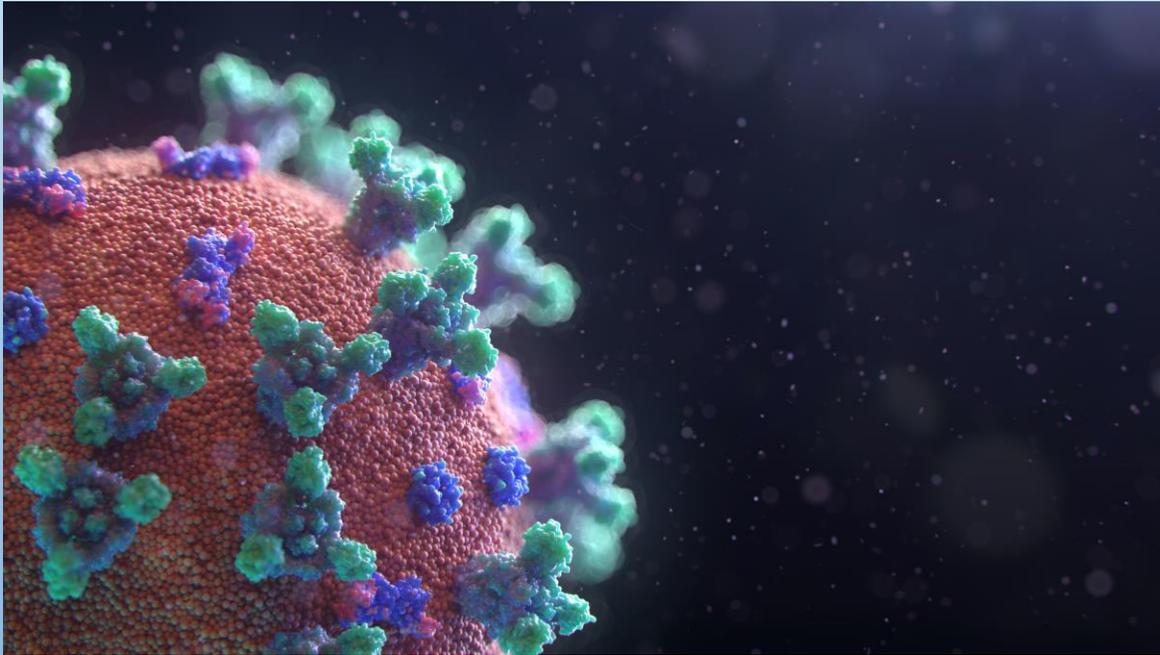


# WHAT IS SARS-COV-2?

SARS-CoV-2 is the virus that causes coronavirus disease 2019 (COVID-19)

- SARS = severe acute respiratory distress syndrome
- Spreads easily person-to-person
- Little if any immunity in humans

Detailed information: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



# Transmission

COVID-19 is spread from person to person mainly through coughing, sneezing, and talking and breathing.

- Droplet - respiratory secretions from coughing or sneezing landing on mucosal surfaces (nose, mouth, and eyes)
  - Aerosol - a solid particle or liquid droplet suspended in air
- Contact - Touching something with SARS-2 virus on it and then touching mouth, nose or eyes
- Other possible routes: Through fecal matter



# Incubation period

- The incubation period is the time between exposure to a virus and the onset of symptoms.
- With covid-19, symptoms may show 2-14 days after exposure.
- CDC indicates that people are most contagious when they are the most symptomatic.
- Several studies show people may be contagious before developing symptoms.

# COVID-19 can cause mild to severe symptoms

## Most common symptoms include:

- Fever
- Cough
- Shortness of breath

## Other symptoms may include:

- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- Gastrointestinal: diarrhea, nausea
- Loss of smell and taste

# Severe symptoms – emergency warning signs for COVID-19

- Most people will have mild symptoms and should recover at home and NOT go to the hospital or emergency room.
- Get medical attention immediately if you have:
  - Difficulty breathing or shortness of breath.
  - Persistent pain or pressure in the chest.
  - New confusion or inability to arouse.
  - Bluish lips or face.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

This list of severe symptoms is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

The reason to stay away from emergency rooms, hospitals, and family doctors is to avoid spreading SARS-CoV-2 to others. For most healthy people, the illness will be mild, and you can recover at home by drinking lots of fluids and use of over-the-counter medications. You should also separate yourself from other people at home and practice good personal and environmental hygiene.

# What is a person under investigation?

- A person who has both consistent signs or symptoms and risk factors as follows:



- The CDC uses the term Person Under Investigation (PUI) for a suspect case.
- A suspect case or PUI is a person who has both consistent symptoms and risk factors as follows:
  - Clinical criteria, which includes cough, fever, and shortness of breath; AND
  - risk factors within the past 14 days before the onset of symptoms, such as contact patient known to have or suspected to have COVID-19; residence in—or travel to—an area where COVID-19 transmission is active; or direct handling of bats or non-human primates from disease areas.
- <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>

## Confirmed case

**A confirmed case is a suspect case with laboratory-confirmed diagnostic evidence of sars-cov-2 virus infection.**

- CDC has developed a new laboratory test kit for use in testing patient specimens for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19. The test kit is called the “Centers for Disease Control and Prevention (CDC) 2019-Novel Coronavirus (2019-nCoV) Real-Time Reverse Transcriptase (RT)-PCR Diagnostic Panel.”
- Because testing is not widely available, it is likely that there are many cases that have not been confirmed.
- There are now 269 tests with FDA EUA
- <https://www.cdc.gov/coronavirus/2019-ncov/about/testing.html>

# How long does SARS-CoV-2 survive outside of the body?

- It is not clear yet how long the coronavirus can live on surfaces, but it seems to behave like other coronaviruses.
  - Virus may persist on surfaces for a few hours or up to several days, depending on conditions and the type of surface.
- It is likely that it can be killed with a simple disinfectant on the EPA registered list below.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

There are ongoing investigations to learn more.

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses, including preliminary information on the SARS-CoV-2 virus, may persist on surfaces for a few hours or up to several days. This may vary under different conditions such as type of surface, temperature, and humidity of the environment. If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

Contact time is very important. This is the amount of time that the surface should remain wet with the product. The EPA listed products have contact time varying from half a minute to 10 minutes. Many of these chemicals have caused negative health effects such as occupational asthma and dermatitis. It is important that proper safeguards are in place to prevent harm to people doing the cleaning and disinfecting.

The EPA list of registered disinfectants includes 200 products that have qualified for use against SARS-CoV-2. While disinfectant products on this list have not been tested specifically against SARS-CoV-2, they are expected to be effective against SARS-CoV-2 because they have been tested and proven effective on either a harder-to-kill virus or against another human coronavirus like SARS-CoV-2. The product list has also been updated to include the product's active ingredient and the amount of time the surface should remain wet to be effective against the given pathogen.

Safer Disinfectants on EPA's List of Recommended Antimicrobial Products for Use Against Novel Human Corona Virus.  
[https://osha.washington.edu/sites/default/files/documents/Updated%20Safer%20Disinfectants%20List\\_March%2026%2C%202020.pdf](https://osha.washington.edu/sites/default/files/documents/Updated%20Safer%20Disinfectants%20List_March%2026%2C%202020.pdf)

Washington State has also produced an excellent fact sheet on this topic: "Safer Cleaning, Sanitizing and Disinfecting Strategies to Reduce and Prevent COVID-19 Transmission":  
[https://osha.washington.edu/sites/default/files/documents/Updated%20Safer%20Disinfectants%20List\\_March%2026%2C%202020.pdf](https://osha.washington.edu/sites/default/files/documents/Updated%20Safer%20Disinfectants%20List_March%2026%2C%202020.pdf)

EPA website: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>  
We have heard reports that it is difficult to find some of these products in local stores as there has been a rush of demand.

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses#>

"Air, Surface Environmental, and Personal Protective Equipment Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient"  
<https://jamanetwork.com/journals/jama/fullarticle/2762692>

"Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents"  
Human coronaviruses can remain infectious on inanimate surfaces for up to nine days. Surface disinfection with 0.1% sodium hypochlorite or 62–71% ethanol significantly reduces coronavirus infectivity on surfaces within 1 min exposure time. We expect a similar effect against the SARS-CoV-2.  
[https://www.journalofhospitalinfection.com/article/S0195-6701\(20\)30046-3/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(20)30046-3/fulltext)

Fomite—An object, such as clothing, towels, and utensils that possibly harbor an infectious agent and can transmit it.

# Increased risk of severe illness

COVID-19 poses a greater risk for severe illness for people with underlying health conditions:

- Heart disease
- Lung disease such as asthma
- Diabetes
- Suppressed immune systems

The elderly have higher rates of severe illness from COVID-19. Children and younger adults have had less severe illness and death. Because COVID-19 is new, there are a lot of scientific unknowns such as the impact on pregnant women and their fetuses.

As is the case with seasonal flu, certain conditions appear to put some individuals at increased risk of complications associated with COVID-19. These underlying conditions are listed above.

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

CDC COVID View Key Updates: A Weekly Surveillance Summary of U.S. COVID-19 Activity <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

Older adults and people who have serious chronic medical conditions like:

- Heart disease
- Diabetes
- Lung disease

If a COVID-19 outbreak happens in your community, it could last for a long time. (An outbreak is when a large number of people suddenly get sick). Depending on how severe the outbreak is, public health officials may recommend community actions to reduce people's risk of being exposed to COVID-19. These actions can slow the spread and reduce the impact of disease.

If you are at higher risk for serious illness from COVID-19 because of your age or because you have a serious long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

**NOTE:** The rates of infection may be biased higher for older people because we more easily identify infections with severe illness.

# Seasonal flu vs. COVID-19

- COVID-19 has the potential to cause more deaths and hospitalizations
- SARS-CoV-2 is much more infectious and spreads faster than the seasonal flu

•So far, the case fatality rate (CFR) of COVID-19 is estimated to be at around 2%. The CFR of seasonal influenza is estimated to be around 0.1%, making SARS-CoV-2 about 20 times more deadly than the seasonal flu.

•An estimated 15-20% of infected individuals may suffer from severe symptoms that require medical attention, including pneumonia with shortness of breath and lowered blood oxygen saturation.

•No Treatment

•Immunity: unknown how long it will last post illness or vaccination.

COVID-19 and the seasonal flu share similar symptoms, but the coronavirus is a unique virus with unique characteristics.

## How are SARS CoV-2 and influenza viruses similar?

Firstly, SARS-CoV-2 and influenza viruses have a similar disease presentation. That is, they both cause respiratory disease, which presents as a wide range of illness from a symptomatic or mild through to severe disease and death.

Secondly, both viruses are transmitted by contact, droplets, and fomites. As a result, the same public health measures, such as hand hygiene and good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue), are important actions all can take to prevent infection.

[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2)

Note that information is changing rapidly and so it is likely these numbers will change as well. Check for updates.

Case fatality rate is defined as the percentage of people who are infected who die from the infection. There have been a range of estimates of the CFR. We won't know the precise CFR for some time because the number of actual infected people, which is the denominator in the calculation, is unknown at this time.

## How are SARS-CoV-2 and influenza viruses different?

The speed of transmission is an important point of difference between the two viruses. Influenza has a shorter median incubation period (the time from infection to appearance of symptoms) and a shorter serial interval (the time between successive cases) than SARS-CoV-2. The serial interval for SARS-CoV-2 is estimated to be 5-6 days, while for influenza virus, the serial interval is 3 days. This means that influenza can spread faster than SARS-CoV-2.

Further, transmission in the first 3-5 days of illness, or potentially pre-symptomatic transmission –transmission of the virus before the appearance of symptoms –is a major driver of transmission for influenza. While we suspect people can shed SARS-CoV-2 twenty-four to 48 hours prior to symptom onset, we don't yet know the importance this is in transmission of the virus.

The reproductive number –the number of secondary infections generated from one infected individual –is understood to be between 2 and 2.5 for SARS-CoV-2, higher than for influenza. However, estimates for both SARS-CoV-2 and influenza viruses are very context and time-specific, making direct comparisons more difficult.

Children are important drivers of influenza virus transmission in the community. For SARS-CoV-2, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa.

While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be different. For SARS-CoV-2, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. These fractions of severe and critical infection would be higher than what is observed for influenza infection.

Those most at risk for severe influenza infection are children, pregnant women, elderly, those with underlying chronic medical conditions and those who are immunosuppressed. For COVID-19, our current understanding is that older age and underlying conditions increase the risk for severe infection.

Mortality for COVID-19 appears higher than for influenza, especially seasonal influenza. While the true mortality of COVID-19 will take some time to fully understand, the data we have so far indicate that the crude mortality ratio (the number of reported deaths divided by the reported cases) is between 3-4%, the infection mortality rate (the number of reported deaths divided by the number of infections) will be lower. For seasonal influenza, mortality is usually well below 0.1%. However, mortality is to a large extent determined by access to and quality of health care.

[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2)

Source: Similarity in Case Fatality Rates (CFR) of COVID-19/SARS-COV-2 in Italy and China, Journal of Infectious Diseases in Developing Countries, Vol 14, No.02, February 2020, <https://jiddc.org/index.php/journal/article/view/32146445>

Study of 72,000 COVID-19 patients finds 2.3% death rate, CIDRAP, Stephanie Soucheray, CIDRAP News, Feb 24, 2020,

<http://www.cidrap.umn.edu/news-perspective/2020/02/study-72000-covid-19-patients-finds-23-death-rate>

# Treatment and vaccines

- In December 2020, the FDA gave emergency use authorization to two COVID-19 vaccines, with many more in the pipeline.
- There is no specific FDA -Cleared medication or treatment for COVID-19.
- Treatment is supportive.
- People who are mildly ill with COVID-19 should isolate at home during their illness.

# Vaccine Effectiveness

- All COVID-19 vaccines currently available in the United States are effective at preventing COVID-19.
- COVID-19 vaccination is an important tool to help stop the COVID-19 pandemic.
- COVID-19 vaccines help protect people who get vaccinated from getting sick or severely ill with COVID-19 and may also help protect people around them.
- CDC recommends you get a COVID-19 vaccine as soon one is available to you.
- Experts continue to monitor and evaluate how COVID-19 vaccination may affect the severity of illness from COVID-19, as well as its ability to keep people from spreading the virus that causes COVID-19.

## Module 2: Methods to prevent COVID-19 in the workplace

**DON'T**



**DO**



# Key steps for preparing for and managing epidemics in the workplace

- Preparing for the threat.
- Implementing preventive measures.
- Implementing the continuity of operations plan.
- Managing business recovery post-epidemic.



## Consider the impact on workers

- Will a worker be paid if their workplace shuts down or they are quarantined?
- What can be done for workers who are sick but have no paid sick leave?
- How can workers cope with the impact if their child's school is shut down or their child is placed in quarantine?
- What can be done for low wage and immigrant workers who have no access to health care?
- Other impacts?

# Basic hygiene and social distancing

- Stay home when sick.
- Wear a mask.
- Wash hands or use sanitizer frequently and after coughing, sneezing, blowing nose, and using the restroom.
- Avoid touching your nose, mouth, and eyes.
- Cover coughs and sneezes with tissues or do it in your sleeve.
- Dispose of tissues in no-touch bins.
- Avoid close contact with coworkers and customers (6 feet)
- Avoid shaking hands/wash hands after physical contact with others.

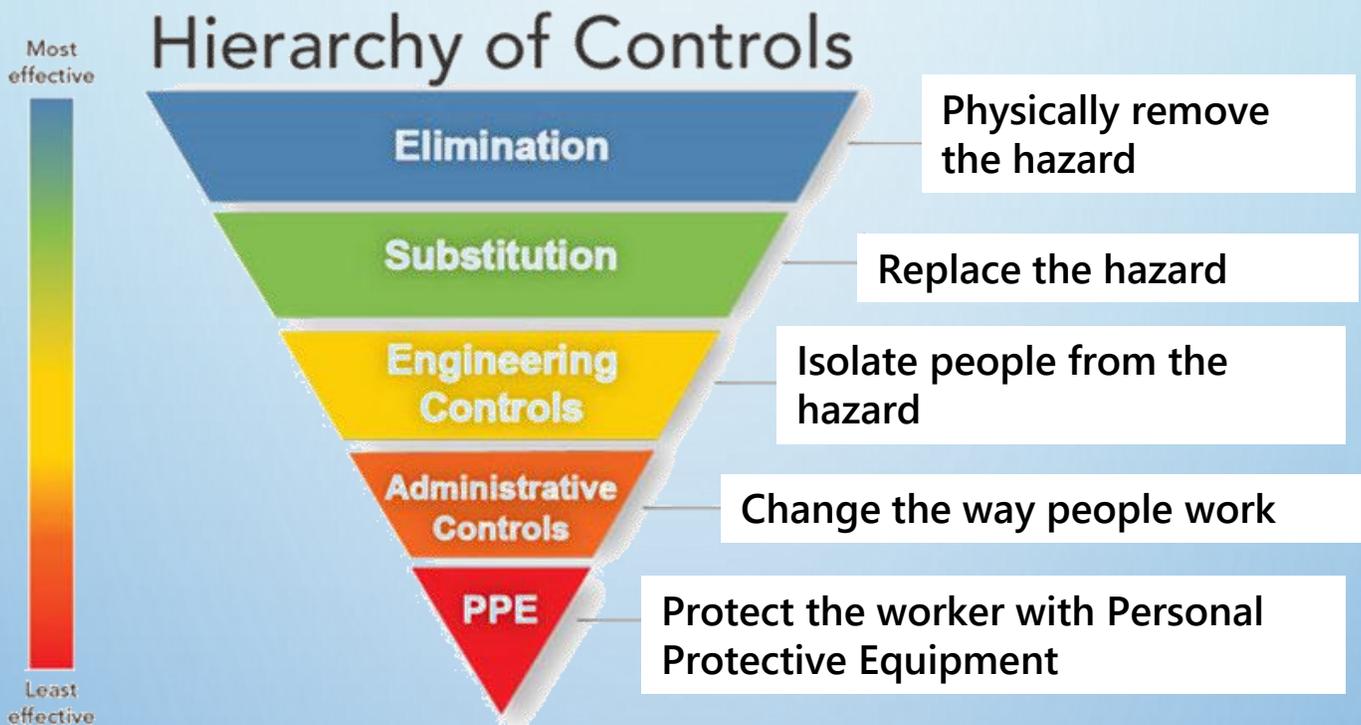
# STOP shaking hands!



# Key elements: COVID-19 workplace plan

- Management leadership and employee participation
- Hazard identification and assessment
- Hazard prevention and control
- Risk communication, education, and training
- System evaluation and improvement
- Family preparedness
- Emergency operations procedures
- Post pandemic recovery

# Start with the most effective method to protect workers.



# Engineering controls

- Ventilation
- Drive-thru service
- Plastic shields and other barriers
- Sneeze guards



## Administrative controls and work practices to reduce exposure

- Enable sick workers to stay home
- Establish work from home policy
- Minimizing contact among workers and clients
- Discontinue non-essential travel
- Limiting the number of staff present for high potential exposure tasks
- Training



# Additional administrative controls

## Visitor Precautions During COVID-19 Outbreak



### DON'T VISIT

If you're sick, have a fever or a confirmed case of COVID-19, don't visit or accompany a patient.



### FOLLOW VISITING HOURS

No visitors allowed from 10 p.m. - 8 a.m., unless accompanying a newly-admitted patient.



### VISITORS ARE LIMITED

Patients may only have up to 2 people with them at any time. Visitors must be age 16 and older.



### MUST WASH HANDS

We're asking visitors to wash their hands (or use sanitizer) before and after leaving rooms and hospital buildings.



### SPECIAL EXCEPTIONS

Visitors can speak with a caregiver about exceptions and special circumstances.

**Thank you for helping us protect one another.**



Soft barriers include use of tables, ropes, signs, and floor markings to maintain social distancing.

## Adjust policies to reduce exposures

Policies that can help to reduce exposure to COVID-19 include:

- Encouraging workers who are ill to stay home without fear of reprisals or loss of pay or benefits
- Using email, phone, teleconferences instead of face-to-face contact



## OSHA PPE standard

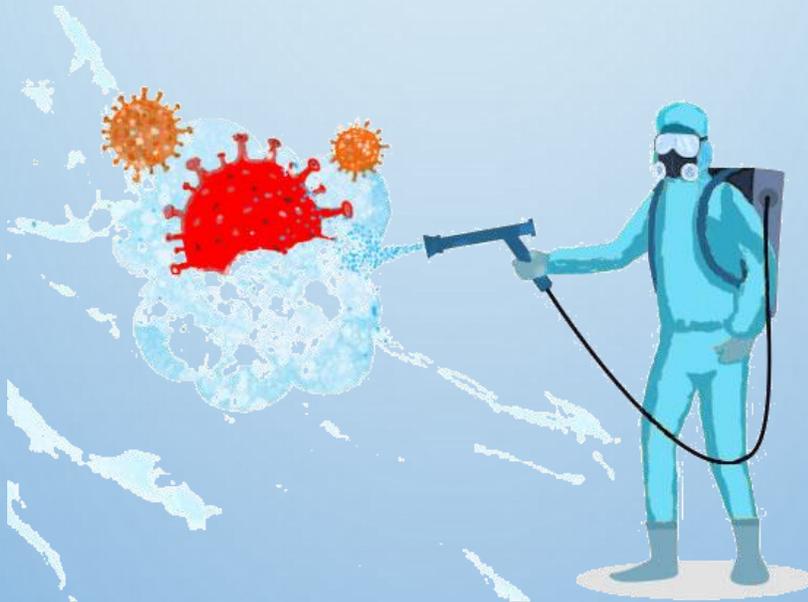
- Where applicable, the OSHA PPE standard requires employers to:
  - Conduct an assessment for PPE
  - Provide PPE at no cost, appropriate to the hazard
  - Train employees on how to don (put on) and doff (take off) PPE
  - Train workers to maintain, store, and replace PPE
  - Provide medical evaluation and fit testing

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=9777&p\\_table=STANDARDS](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9777&p_table=STANDARDS)

# Decontamination

- Employers should develop site specific decontamination procedures.
- Depending on the workplace, decontamination may require consultation with the health department or use of a consultant specializing in environmental cleanup.
- Use of an EPA registered disinfectant effective is recommended.
- Worker and building occupant protection is essential to protect against the virus and adverse effects of the disinfectant.

EPA List: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



# Training and drills

- Must be hands-on and frequent
- Should not be primarily computer based or lecture
- Should include a trained observer
- Cover site specific decontamination procedures.

# Prevention in all work settings

- Wash hands.
- Wear a mask.
- Keep common surfaces such as telephones, keyboards clean.
- Avoid sharing equipment if possible.
- Minimize group meetings by using phone, email, and avoid close contact when meetings are necessary.
- Consider telework.
- Limit unnecessary visitors to the workplace.
- Maintain your physical and emotional health with rest, diet, exercise, and relaxation.

# Protection of essential workers

- Social distancing measures include use of barriers, signs, modifying work procedures that require close human interaction. Other steps include increased cleaning and disinfection, use of PPE and respirators, and training.

## Mental health and stress

As the number of cases of COVID-19 increase, so does the associated anxiety and stress. Consider the following steps:

- Use your smart phone to stay connected to family and friends.  
Shift from texting to voice or video calling to feel more connected.
- Keep comfortable. Do more of the things you enjoy doing at home.
- Practice stress relief whenever you feel anxiety building – do some deep breathing, exercise, read, dig in the garden, whatever works for you.
- Avoid unhealthy behavior such as excess drinking – that will just increase your anxiety afterwards.
- Keep looking forward. Think about plans you'd like to make down the road.

# The role of the vaccine

- Cases of COVID-19 will decrease with the administration of the vaccine.
- With uptake of the vaccine and continued workplace controls in place, occupational exposures will decrease.
- People who are vaccinated can still be exposed and potentially expose someone else even if they don't become sick.
- A continued focus on maintaining workplace preventive measures is important to protect workers in all industries.

